Orange County Health Care Agency ironmental Health Division, Hazardous Materials Management Section Mailing Address: P.O. Box 355, Santa Ana, CA 92702 Office: 2009 E. Edinger, Santa Ana, CA 92705

SEMS-RM DOCID # 1193035

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Run Date: Ø3-27-95

HAZARDOUS WASTE & UNDERGROUND STORAGE TANK INSPECTION REPORT

Telephone: (714) 667-3700

FILE NO: ØØ7176 ACCOUNT NO: 114 FACILITY: EXECUTIVE RV CENTER	EPA# : UST PERMIT NO: PERMIT: NONE
STREET: 2100 E ORANGETHORPE BLDG# STE#	MAP COORDINATES:
CITY: E7 J FULLERTON ZIP:	92631 DISTRICT: 103
NEAREST CROSS STREET:	TSD FACILITY? N
NEW DBA? NEW BUSINESS? NEW ADDRESS	? NEW OWNER? PUBLIC AGENCY?
NEW INFO:	
HW INSPECTION TYPE: _ NO OF UST ON	
NUMBER OF EMPLOYEES: 2 M # TANKS TO B	
LAST DATE HW INSPECTED: 11/23/94	LAST DATE UST INSPECTED:
HW EXEMPT CODE: 1	UST EXEMPT CODE:
HW STATUS CODE: 1	UST STATUS CODE:
BUSINESS OWNER: BRAD FISCHER	PHONE: (714) 680-0295
TANK OPERATOR:	PHONE: ()
CONTACT: BRAD FISCHER	PHONE: (714) 680-0295
HW BILLING (NAME & MAILING ADDRESS):	UST BILLING (NAME & MAILING ADDRESS):
	THE RESIDENCE OF THE PROPERTY
PHONE: ()	PHONE: ()
PROPERTY OWNER (NAME & MAILING ADDRESS):	TANK OWNER (NAME & MAILING ADDRESS):
UNKNOWN	
UNKNOWN	
,	
UNKNOWN CA ØØØØØ	
	PAC LPAN IP" a /
PHONE: ()	PHONE: ()
EMERGENCY CONTACTS	De la company de
DAY: BRAD FISCHER	HONE: (714) 680-0295
NIGHT: JUN 1 4 100	GE PHONE: ()
ACTIVE ICR:	Mar 100
INSPECTOR #: 217 NAME: Mike 1	Melall DATE: 6,7,8

HW INSP CNTR: 9 UST INSP CNTR:

Orange County Health Care Agency HAZARDOUS WASTE INSPECTION REPORT

ADDRESS:	EXECUTIVE RV CENTER 2100 E ORANGETHORPE BLDG# STE# FULLERTON, CA 92631
FILE NO:	ØØ7176 ACCOUNT NO: 11479 EPA#:
	RV REPAIR WASTE OIL
	1: [7538] GENERAL AUTOMOTIVE REPAIR SHPS 2: [7500] AUTO REPAIR, SERVICES, GARAGES
MAX VOL HOW STO ANNUAL HOW DIS	ID: [2070.W] ==WASTE (OR SLOP) OIL (T) IC WASTE: ON: SHOP STORED: 365 UNIT: [1] GALLONS FORM: [2] LIQUID ORED: [1] DRUM >= 55G-METAL ONE-TIME-ONLY? N VOL. GEN.: 700 ANNUAL VOL. DISPOS.: 700 GPOS.: [79] RECYCLED OFF-SITE - OTHER-INSIDE CA [2641] ALPHA WASTE SERVICES
SPECIFIC MAX VOLUMENT HOW STO ANNUAL HOW DIS	ID: [2070.W] ==WASTE (OR SLOP) OIL (T) IC WASTE: OIL FILTERS ON: STORAGE STORED: 55 UNIT: [10] ITEMS FORM: [6] FILTERS ORED: [2] DRUM (55G-METAL ONE-TIME-ONLY? N VOL. GEN.: 55 ANNUAL VOL. DISPOS.: 55 SPOS.: [90] NOT YET DISPOSED OF
SPECIFIC LOCATION MAX VOLUMENT HOW STO ANNUAL HOW DIS HAULER:	ID: [2084.W] RADIATOR COOLANT / ETHYLENE GLYCOL (C WASTE: ON: STORAGE STORED: 10 UNIT: [1] GALLONS FORM: [2] LIQUID ORED: [5] DRUM >= 55G-PLASTIC ONE-TIME-ONLY? N VOL. GEN.: 20 ANNUAL VOL. DISPOS.: 0 SPOS.: [90] NOT YET DISPOSED OF (19994] NOT YET HAULED ON DATE: 4196
APPENDING FAS	

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Orange County Health Care Agency HAZARDOUS WASTE INSPECTION REPORT

QBA: EXECUTIVE RV CENTER

ADDRESS: 2100 E ORANGETHORPE BLDG# STE#

: FULLERTON, CA 92631

FILE NO: ØØ7176

ACCOUNT NO: 11479

EFA# :

VIOLATION DESCRIPTIONS

Waste Det	termination termination
001	HAZARDOUS WASTE DETERMINATION NOT MADE FOR ALL WASTE
EPA Ident	rification Number
Ø51	GENERATOR HAS NO EPA IDENTIFICATION NUMBER
Manifests	
Ø52	MANIFESTS NOT ACCURATELY COMPLETED
Ø53	MANIFESTS NOT USED FOR TRANSPORTING HAZARDOUS WASTE
<u>Ø54</u>	COPIES OF MANIFESTS NOT AVAILABLE FOR REVIEW DURING INSPECTION
955	PROPERLY COMPLETED COPIES OF MANIFEST OR EXCEPTION REPORT NOT SUBMITTED TO DOHS
101	MANIFESTS, BIENNIAL REPORT, EXCEPTION REPORTS, TEST RESULTS NOT RETAINED ON SITE FOR AT LEAST 3 YEARS
Non-Regis	stered Hauler
201	HAZARDOUS WASTE TRANSPORTED OFF SITE BY A NON-REGISTERED HAULER
202	HAZARDOUS WASTE NOT TAKEN TO A STATE-PERMITTED FACILITY
Extremely	Hazardous Waste
251	EXTREMELY HAZARDOUS WASTE HANDLED OR DISPOSED WITHOUT A PERMIT
252	DEVIATION FROM DOHS-APPROVED HANDLING OR DISPOSAL METHODS MADE FOR EXTREMELY HAZARDOUS WASTE
Training	
3Ø1	PERSONNEL NOT TRAINED ON THE JOB OR IN CLASSROOM WITHIN 6 MONTHS OF EMPLOYMENT
302	TRAINING NOT CONDUCTED BY PERSON TRAINED IN HAZARDOUS WASTE MANAGEMENT
303	TRAINING DOES NOT INCLUDE EMERGENCY REPONSE PROCEDURES AND EMERGENCY EQUIPMENT USE
304	COMPLETE PERSONNEL TRAINING RECORDS ARE NOT BEING MAINTAINED ON SITE
Contingen	icy Plan
351	GENERATOR HAS NOT PREPARED CONTINGENCY PLAN OR HAS NOT MAINTAINED THE PLAN AT THE SITE
352	CONTINGENCY PLAN DOES NOT INCLUDE ALL REQUIRED INFORMATION
353	EMERGENCY COORDINATOR IS NOT FAMILIAR WITH ALL ASPECTS OF SITE OPERATION & EMERGENCY PROCEDURES
Emergency	
354	RELEASED WASTE OR CONTAMINATED EQUIPMENT IS NOT PROPERLY TREATED, STORED OR DISPOSED
404	ADEQUATE AISLE SPACE NOT AVAILABLE FOR UNOBSTRUCTED MOVEMENT
Labeling	
X) 452	CONTAINERS NOT VISIBLY MARKED WITH THE BEGINNING DATE OF ACCUMULATION
0 453	EACH CONTAINER AND TANK NOT CLEARLY LABELED "HAZARDOUS WASTE" WITH REQUIRED DETAILS
Source Re	eduction
901	GENERATOR HAS NOT PREPARED A SOURCE REDUCTION EVALUATION REVIEW AND PLAN OR HAS NOT MAINTAINED THE PLAN AT THE SITE

902 GENERATOR HAS NOT PREPARED A SOURCE REDUCTION COMPLIANCE CHECKLIST OR HAS NOT MAINTAINED THE CHECKLIST AT THE SITE

Orange County Health Care Agency HAZARDOUS WASTE INSPECTION REPORT

DBA: EXECUTIVE RV CENTER

ADDRESS: 2100 E ORANGETHORPE BLDG# STE# : FULLERTON, CA 92631	
FILE NO: ØØ7176 ACCOUNT NO: 11479 EPA#:	
Storage 451 HAZARDOUS WASTE STORED MORE THAN 90 DAYS 454 WASTE IS NOT PACKAGED, LABELED, AND PLACARDED ACCORDING TO 49 (DOT) 455 EACH CONTAINER OF 110 GALLONS OR LESS IS NOT PROPERLY LABELED 501 CONTAINERS ARE NOT IN GOOD CONDITION OR ARE NOT MANAGED TO PREVENT LEAKS 502 CONTAINERS ARE NOT COMPATIBLE WITH THE WASTE IN THEM 503 CONTAINERS ARE NOT STORED CLOSED 504 CONTAINERS ARE NOT INSPECTED WEEKLY FOR LEAKS OR DEFECTS 505 IGNITABLE OR REACTIVE WASTES ARE NOT STORED 50 FT. FROM FACILITY PROPERTY LINE 506 INCOMPATIBLES ARE NOT MANAGED TO PREVENT CONTACT OR MIXING 507 INCOMPATIBLES ARE NOT STORED OR PROTECTED IN SEPARATE CONTAINERS 700 FACILITY NOT MAINTAINED TO MINIMIZE FIRE, EXPLOSION, OR RELEASE OF HAZARDOUS WASTE Closure 800 FACILITY HAS NOT BEEN CLOSED IN A MANNER WHICH WILL PROTECT HUMAN HEALTH AND THE ENVIRONMENT	
The above noted items represent violations of the California Health and Safety Code, Chapter 6.5, and California Code of Fitle 22, and shall be corrected as indicated	legulations
hazardous waste of required details.	
Oneus must have O"Hogardous Wasto"	A
O accumulations date, B whote in duen, plupied	
state, hayardous property, Warne & address	
Return CKC ofin (6 days.	
I DECLARE THAT I HAVE EXAMINED AND RECEIVED A COPY OF THIS $\frac{\mathcal{U}}{\mathcal{U}}$ PAGE INSPECTION REPORT	
PRINT NAME & TITLE:	
SIGNATURE: Builty for DATE: 6/7	198